

Dear Doctor:

You may change your license status (i.e., active or inactive) when you renew your license or anytime between renewal cycles. A licensee requesting a change in status must either renew his/her full license and change his/her status at that time or submit an application form requesting a change in status between renewal cycles.

A licensee requesting inactive status must certify that he/she will not practice medicine in Massachusetts. The “practice of medicine” is defined in the Board's regulations, in part, as the following conduct:

diagnosis, treatment, use of instruments or other devices, or the prescription or administration of drugs for the relief of diseases or adverse physical or mental conditions. A person who holds himself out to the public as a “physician” or “surgeon” or with the initials “M.D.” or “D.O.” in connection with his name, and who also assumes responsibility for another person's physical or mental well-being, is engaged in the practice of medicine.

A licensee with an inactive status: may not write prescriptions, even for his or her family members; is exempt from continuing medical education (CME); is exempt from mandatory malpractice liability insurance requirements (except for “tail” coverage); is required to pay the \$600.00 registration fee and continue to renew biennially; and is subject to all other provisions of the Board's regulations.

A licensee returning to active status must have completed 100 hours of CME Credits, including a minimum of 40 Category 1 CMEs. In addition, a licensee with an active status who is involved in any direct or indirect patient care must obtain professional liability insurance coverage.

In order to change your status between renewal cycles, please complete either the Application for Inactive Status or the Application for Active Status and send it to the Board of Registration in Medicine, 200 Harvard Mill Square, Suite 330, Wakefield, MA 01880.

Thank you.

APPLICATION FOR INACTIVE STATUS

Board Regulation: 243 CMR 2.06(3)(a)

Name: _____
(Last) (First) (Initial)

License Registration Number: _____

Is your license current? ☐ Yes ☐ No

A licensee must make their request in writing to the Board and certify that he/she will not practice medicine in Massachusetts. Please make such a request below:

I, _____ hereby request inactive status.
(Print Name)

I certify that I will not practice medicine in Massachusetts.

Signed: _____

Mailing
Address: _____

(City) (State) (Zip code)

NOTE: Inactive licensees are required to renew their inactive license every renewal cycle.

Please submit your active wallet size license with this form. A licensee who is inactive is exempt from the continuing medical education requirements set forth in 243 CMR 2.06(5) and it is not required to have liability coverage.